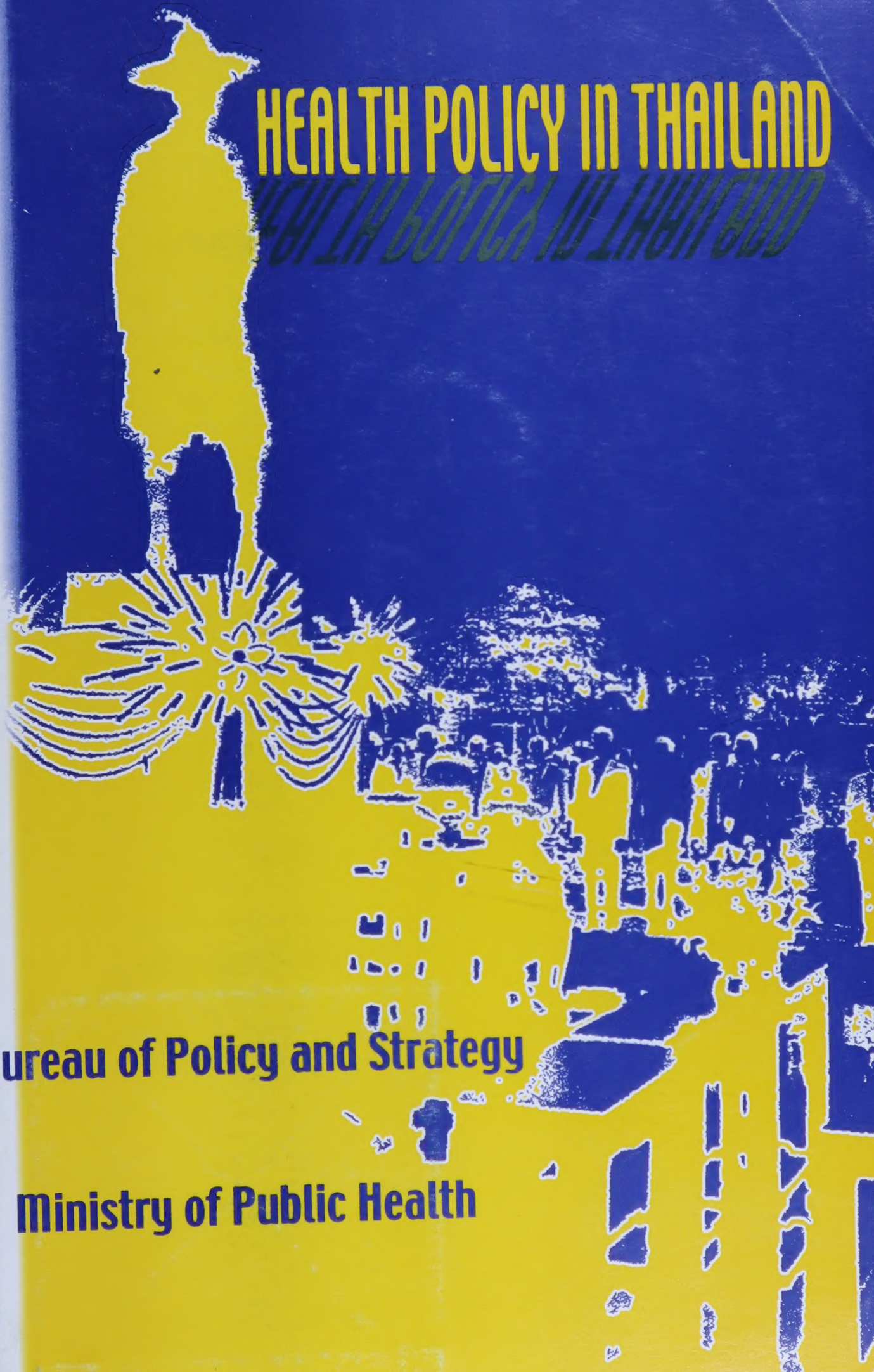
2003

HEALTH POLICY IN THAILAND



Bureau of Policy and Strategy

Ministry of Public Health

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Preface

This document is prepared to present information on evolution of health and health policy in Thailand. The Bureau of Policy and Strategy hopes that this document will be useful for health planners, students, fellows and foreign visiting scholars who are interested in health and health policy development in Thailand.

Dr. Amnuay Gajeena
Director, Bureau of Policy and Strategy
14 August 2003

Contents

EVOLUTION OF THE THAI HEALTH CARE SYSTEM

The Thai health care system has been developed throughout the past few centuries as follows:

1. Pre-western medicine (before 1828)

During the Sukothai period, medicinal herbs were used in the treatment of the illnesses. Later in Ayutthaya period, Indian Ayurveda and Chinese traditional medicine principles were used aiming at establishing a balanced condition of four major vital elements: earth, water, wind, and fire. The role of the practitioner is to identify the person's mind and body type and recommend a course of treatment unique to the individual.

In the early Ratanakosin period, the medical system continued to be based on traditional herbal medicines. As there were no public hospitals, King Rama I decided to have traditional medicine formulas and methods of body stretching (ruesi dat ton) assembled and inscribed on cloister walls of a Buddhist monastery, Wat Phra Chetuphon Wimonmangklaram (Wat Pho). King Rama II had traditional medicine textbooks gathered by requesting all experts or practitioners to assemble indications of various medicines. Effective medicine formulas were selected and then recorded as a royal medical textbook. King Rama III had traditional medicine formulas inscribed at Wat Raj Orasaram and Wat Phra Chetuphon, describing causes of diseases and how to cure them. Rare medicinal herbs were planted so that the people could study and use them for self-care.

2. Introduction of Western Medicine (1828-1889)

In 1828, the fifth year of King Rama III's reign, was regarded as the first year in which Western medicine began to play a significant role in health care system in Thailand, including both curative care and preventive care of communicable diseases. However, people still depended on traditional herbal medicines as a part of their tradition, culture, and lifestyles. During the reign of King Rama V, in 1870 a sanitation law was first enacted to maintain the cleanliness of rivers and canals, and Siriraj Hospital was established in 1888. A medical school of western medicine was established at Siriraj Hospital in 1889. Among the first functions of Siriraj Hospital was to carry out vaccinations against smallpox.

3. Health Infrastructure Expansion and Health Development (1889-2002)

The Nursing Department was established under the Ministry of Education and the midwifery school was established in 1896 funded by the Queen. Smallpox vaccine and other household medicinal preparations were produced. The Government Medical Depot was set up to procure and import pharmaceutical supplies. Later on it was developed to be the Government Pharmaceutical Organization at present. During King Rama VI's reign, the second hospital, Chulalongkorn Hospital, was built and started operating in 1914 and in 1918 the Public Health Department was established, replacing the Nursing Department and integrating all public health programs. Then in 1942, during the reign of King Rama VIII, the Ministry of Public Health was established. There were 7 departments: Office of the Secretary to the Minister, Office of the Permanent Secretary, Medical Services, Public Welfare, Medical School, Medical Science, and Public Health Department. By 1950, a provincial hospital was established in each province.

During the present reign, King Rama IX has been very concerned about public health. While visiting his subjects or staying at upcountry residences, His Majesty will have royal doctors provide medical care to people in need. As a result, a number of units have been set up including the Royal medical Units, the Mobile Royal Medical Project, the Mobile Royal Dental Services Unit, and the Volunteer Surgeons Project of the Thai College of Surgeons, the Royal Medical Project on Ear, Throat, Nose and Allergy, and In-patient Services Unit of the Queen's Personal Affairs Division. Everyone in the Royal Family has been involved in medical and health care such as the Foundation for Voluntary Medical Services of the Princess Mother (Pho O So Wo), which provides medical and health services to people in remote areas. At present, this Foundation is under the patronage of HRH Princess Galayani Vadhana, the King's elder sister. Crown Prince Hospitals in remote areas are under the patronage of HRH Crown Prince Maha Vajiralongkorn. HRH Princess Maha Chakri Sirindhorn has been interested in, and supporting development programs on health, education, food and nutrition, as well as family planning, resulting in several projects for the benefit of children and adolescents. HRH Chulabhorn is the president of the Chulabhorn Research Institute, a collaborating center where Thai and foreign scientists develop measures for controlling rabies, filariasis, AIDS, and cancer, in addition to implementing projects related to medicinal herbs and environmental and natural resources conservation. HRH Princess Ubolratana has recently been involved in the prevention of stimulant and narcotic drug problem in school.

PROVISIONS OF HEALTH CARE IN THE 1997 CONSTITUTION

In the recent 1997 Constitution, the provisions of health care are prescribed in Chapter 3, Rights and Liberties of the Thai People, Section 52, and Chapter 5, Directive Principles of Fundamental State Policies, Section 82.

Section 52 provides that "A person shall enjoy an equal right to receive standard public health services, and the indigent shall have the right to receive free medical treatment from public health facilities of the state, as provided by laws. The public health services by the state shall be provided thoroughly and efficiently and, for this purpose, participation by local government organizations and the private sector shall be promoted insofar as it is possible. The state shall prevent and eradicate harmful contagious disease for the public without charge, as provided by law."

Section 82 provides that "The state shall thoroughly provide and promote standard and efficient public health services."

Public Sector Reform

Every government has given high priority to the development of public health and quality of life, emphasizing health service provision for all population groups, although each government has different focuses, depending on national health conditions during different periods. Having the new Constitution is only the beginning, the machinery of the political reforms within civil service is needed to propel an efficient and effective system. Although public sector has been providing many benefits for the country over the past decades, globalization and the recent crisis has highlighted areas where it has been too rigid, cumbersome and ineffective response to those demands and to position the country for its long term development. Health sector is also under this circumstance. Therefore, there is a need to be reformed. The reform plan is designed in the context of management mechanisms that are divided into 5 main areas:

The first area covers the roles, functions and structures of the public sectors, a complete functional review designed to answer questions of what the public sector should do. The aim is to reshape the public sector to become resulted oriented and more responsive to public.

The second area covers budgetary management system, moving from input controls to results oriented system. This new system will be equipped with performance indicators, performance reporting systems supported by the use of advance information technology.

The third area addresses human resources of the public sector. Competent public officials are to provide sound policies and management to support Thailands sustainable development and competitiveness. Public official should be able to work as a team, with forward looking and innovative, as well as a customer result-oriented mind.

The fourth area covers legal reform. The government realizes that outdate rules and regulations need to be reformed in order to be more effective and efficient in the current situation.

The fifth area addresses the culture and values of the public sector. Effective mechanisms to diagnose, detect, prevent and combat corruption need to be emphasized.

Furthermore, the government has established a newly office called ***"Office of Public Sector Development Commission"*** under the Office of the Prime Minister. The roles and functions of this office are to provide consultations, to advise the cabinet and government agencies in related to public sector development and public services including budgeting system, personnel administration system, and to monitor and evaluate according to the government policies and strategies. At the ministerial level, the Ministry of Public Health has to follow the guidelines from the Office of Public Sector Development Commission by creating a group to take the responsibility in promoting public sector development under the public sector reform plan.

HEALTH STATUS OF THE THAI PEOPLE

Generally, the health of the Thai people has been improving significantly. Life expectancy at birth for males and females has increased from 60 and 66 years in 1980 to 70 and 75 years respectively in 2000. The infant mortality rate decreased from 84.3 per 1000 live births in 1960 to 22 per 1000 live births in 2000 as in ANNEX I. The decrease in the infant mortality rate is a result of a successful immunization program and the provision of maternal and child health services. The incidence rates of major vaccine preventable diseases have declined dramatically. However, important caused of infant deaths continue to be infectious diseases (respiratory system), congenital malformations, deformation and chromosomal abnormalities, certain conditions originating in the perinatal period, and pneumonia. The five majors causes of death among Thai people of all ages in 2000 were external cause and other accidents (death rate 66.4 per 100,000 population), neoplasms or cancers (death rate 63.9 per 100,000 population), diseases of the circulatory system (death rate 52.3 per 100,000 population), infectious and parasitic diseases (death rate 51.7 per 100,000 population), diseases of the respiratory system (death rate 34.2 per 100,000 population).

In 2000, leading causes of morbidity in Thailand were infectious/parasitic diseases, respiratory diseases, injuries and accidents, circulatory system diseases, and mental disorders.

HEALTH CARE SYSTEM

The Ministry of Public Health (MOPH) is the principal agency responsible for promoting, supporting, controlling and coordinating all health services activities for the well-being of the Thai people. In addition, there are several other agencies playing significant roles in medical and health development programs such as the Ministry of Education, the Ministry of Interior, the Ministry of Defense, the Bangkok Metropolitan Administration, state enterprises and private sector. These agencies have health facilities including hospitals that provide primary, secondary and tertiary medical services. During the last decade, private hospitals and clinics have been expanding rapidly in Bangkok and other provincial cities. Public and private health care facilities in 2000 can be classified as follows:

For public health facilities in Bangkok, there are 5 medical school hospitals, 29 general hospitals, 19 specialized hospitals and institutions, 60/83 health centers/ branches.

At the regional level, there are 4 medical-school hospitals, 25 regional hospitals and 38 specialized hospitals.

At the provincial level, there are 67 general hospitals under the MOPH and 56 hospitals under the Ministry of Defense.

At the district level, there are 715 community hospitals, 2 extended OPD, and 212 municipal health centers.

At the sub-district (Tambon) level, there are 9,704 health centers, 67,472 rural and 2,470 urban primary health care centers. The last two types of health facilities are managed by village health volunteers (rural 684,788 and urban 29,284 village health volunteers) with the assistance of health workers from sub-district health centers.

The private sector also plays a key role in providing curative care for the people. In 2000, there are about 461 private hospitals (Bangkok 129, other provinces 332), 10,819 clinics, 11,094 drugstores and 2,011 traditional medicine drugstores.

The ratio of hospital beds to population in Bangkok is 1:202, while in other provinces the ratio is 1:519. The ratio of physician to population is 1:3,427 for the whole country, 1:793 for Bangkok and 1:5,161 for other provinces.

Health Care Financing

Thailand health care system reflects the entrepreneurial market-driven nature of its economy. It has a pluralistic public and private mixed system of both health care financing

and in the provision of health services. Overall resources devoted to health care have markedly increased recently. The total health expenditure has increased gradually, at a faster rate than that of the gross domestic product, from 3.5 to 6.09 per cent of GDP in 1979 and 2000 respectively. The total health expenditure is covered most by the public (57%) compared to the private (43%).

THE NATIONAL HEALTH DEVELOPMENT PLAN (1961-2006)

The 1st - 3rd National Health Development Plan (1961-1976)

During the 1st-3rd Plan, development activities were influenced by Western health systems, focusing on efforts to make people health, so that they would be able to participate in economic development undertakings. Thus, in this phase investment was made on health infrastructure, particularly on hospitals, medical schools at various universities, and provincial hospitals, as well as on the production and development of nurses and midwives, and health workers, including other health personnel. Major health programs in this phase include those on family planning, maternal and child health, communicable disease control, and medical services for the poor, with the support from international health organizations such as WHO and UNICEF.

With the WHO collaboration, the Ministry of Public Health had realized that there was a need to get the assistance from WHO in building systems and methods in health planning in order to improve effective allocation of resources. In 1974 with the collaboration of WHO, Thailand had participated in "Country Health Programming" method for the preparation of national health development plan which was highly recognized by the National Economic and Social Development Board (NESDB). In addition, Health Statistics Division was transferred to be under the Office of Permanent Secretary in 1974.

The 4th - 5th National Health Development Plan (1977-1986)

In this phase, the government realized the negligence of social and rural development that resulted in disparities of income distribution and growth. This had led to the adoption of the "Primary Health Care" approach which support the community and the people to realize local problems and their causes, including new knowledge that help them resolve their own problems. These primary health care strategies aim to achieve the long term goal "Health for All by the Year 2000". With this approach, community -based activities, emphasizing community participation have been promoted as well as the expansion of the health infrastructure including health facilities to cover all rural communities.

The fourth five-year National Health Development Plan (1977-81) was the product of the two- year systematic planning process. This paved way to decentralized management

in the health sector down to provincial, district, sub-district, and village levels. At the end of the fourth five-year plan, although the standard of health care delivery in general had improved remarkably and considerable expansion of coverage has been achieved, the majority of rural population continued to suffer from pressing health problems related to poor living conditions, inadequate sanitary facilities, deteriorated natural environment, malnutrition, and other behavioral factors.

Not only the health planning expertise was supported but also important health policy issues were suggested by the WHO. The health policy transition toward WHO "Primary Health Care" in 1978 had led Thailand to a more comprehensive health project approach which has had an impact on health policy and plan development. Thailand is fully committed to achieving WHO's global goal of "Health for All by the Year 2000". During this period, a close partnership has been developed between RTG officials and WHO secretariat at all levels i.e. WHO Representative and staff at country level, Regional Director and staff at WHO SEARO, and Director-General and staff at WHO headquarters.

During the fifth five-year National Health Development Plan (1982-86), the Ministry had the leading role of government in the reorientation of national health care system to be more primary health care based and heading toward the long-term goal of HFA/2000.

The 6th - 8th National Health Development Plan (1987-2001)

During the Sixth plan, the country has experienced an epidemiological and population transition, with an increasing incidence of non-communicable diseases linked to changes in lifestyle. However, the situation and trends in health problems are more complex due to the rapid change in population, society, politics, economics, and environment. Managerial Process for National Health Development (MPNHD) had been utilized as a tool in the sixth plan (1987-91) and also had been transferred to the provincial health planners as "Managerial Process for Provincial Health Development.

During the sixth and eight plans from 1986 to 1999, Thailand has realized that the importance of health information, health economics and health care financing would be important in health planning. Therefore, with USAID and WHO assistance, trainings in health economics have been undertaken during the sixth plan (1987-91) and workshops in health care financing during the seventh plan (1992-97). Moreover, human resources for health planning, management of health information system, epidemiological situation, monitoring and evaluation of health plans have also been emphasized during the seventh plan. Financial resource from WHO supported planning activities such as Provincial Health Survey, improvement of health information management and a computer system for communi-

cable disease control purposes.

At the end of the seventh plan throughout the eighth plan, WHO has introduced Health Futures Studies to the Ministry of Public Health which could be used as a tool in supporting health policy and planning formulation. During this eighth plan, the economic crisis occurred. The public sector reform was on the government agenda. Health sector reform was unavoidable.

The 9th National Health Development Plan (2002-2006)

The 9th National Health Development Plan is a sfrategic plan under the 9th National Economic and Social Development Plan. This plan emphasizes a clear vision on people-centered approach and the Philosophy of Sufficiency Economy. Due to the numerous changing trends, formulation is based on three groups of strategies that aim to provide guiding directive for health development in response to complex and dynamic current situations and trends. The objectives are: first to strengthen and stabilize domestic economy, develop an early warning system and carry out economic restructuring in order to upgrade production efficiency and international competitiveness of the country; second is to lay out a firm foundation for national development in the long run, with greater flexibility to external changes; third is to promote governance at all levels in the Thai society; and the last objective is to alleviate poverty problem as well as increase potential and opportunities of the Thai people to become self-reliant.

The 9th National Health Development Plan aims at well being and entire health system development. The vision of this plan focuses on health security and universal health care coverage for every person in Thai society through people participation process. The objectives are as follows:

1. To foster proactive health promotion, consumer protection, food safety and food security, occupational health and environment protection, and disease prevention and control.
2. To establish health security and equal access to quality health services.
3. To build up people capability in health promotion and in health system management.
4. To establish mechanism and measures in generating knowledge through research and development utilizing both local and international health wisdom.

Under the 9th National Health Development Plan, there are 6 strategies as follows:

Strategy 1 Expedition of Proactive Health Promotion

Strategy 2 Establishment of Universal Health Insurance

Strategy 3 Reform of Administrative Structure and Mechanisms on health

Strategy 4 Civil Society Strengthening on health

Strategy 5 Health Knowledge and Wisdom Management

Strategy 6 Health Manpower Development Serving New Changing Health Reform

THE PRESENT GOVERNMENT HEALTH POLICIES (2001-PRESENT)

The present government is the first administration elected under the provisions of the new Constitution, known to many Thais as the "People's Constitution". It is also the first time since the establishment of a Constitutional Government in 1932 that a single party has won a majority in the House of Representatives, capturing firm popular support across the nation. After one year of administration, political stability has been reinforced. The government has given a full potential to implementation of its campaign promises that serve as its mandate handed over from the Thai people. The government has laid a firm foundation for sustained and balanced economic growth, by first, focusing on the supply side of economic stimulation equation in order to enhance the competitiveness of the real sectors, and second, stimulating the demand side through poverty reduction, job creation and income creation at the grassroots level know as "One Tambon, One Product Project". The government has embarked upon a course to improve quality of life for all segments of society in which the Ministry of Public Health plays a vital role to implement the "30 baht Universal Health Care Policy".

The 30 baht Universal Health Care Policy

The "30 baht Universal Health Care Policy" is one of the major policies of the present government. This policy is focused on creating universal health insurance coverage of the whole population. Before the implementation of this policy, there were 20% of the population uninsured by any scheme. During the first phase in April 2001, the 30 baht scheme started with 6 provinces, then the second phase in June 2001 expanded to 21 provinces, then the third phase in October 2001 all the provinces joined the scheme except Bangkok which started the scheme in January 2002. The whole country was fully covered in April 2002. At present, there are 45 million people covered by this scheme. The rest are 10 million civil servants with spouses and parents and 8 million workers under the Civil Servant Medical Benefit Scheme and Social Security Health Insurance Scheme respectively. The health service benefit package includes inpatient/outpatient treatments at the registered primary care facility and referral secondary and tertiary care facility (except emergency case), dental care, health promotion/prevention services, and drug prescription with user fee of 30

baht per visit. After the first year of implementation, the household surveys revealed that the policy was highly supported by both the rich and the poor.

Health Promotion, Disease Prevention and Control, and Consumer Protection

The government has also set the national health agenda on "Health Promotion, Disease Prevention and Control, and Consumer Protection". Health promotion is a key strategy for sustainable health development of individuals, families, communities and society. Each individual is encouraged to adopt proper health behaviors such as exercising at least 3 times/week, eating healthy and safe foods, staying away from unsafe sex and drugs.

Thailand has utilized the principles of good manufacturing practice (GMP) for drug, food and cosmetic products and recently for toxic substances. The effort has been aimed at raising the manufacturing standards to international level. At present, 85 percent of drug industries have attained the GMP certification.

Promotion of Thai Traditional & Herbal Medicine and Alternative Medicine

Policy support for the development of traditional and herbal medicine has commenced since the 4th National Economic and Development Plan in 1977 and was successively reiterated in every government policy as well as in the national drug policies. Knowledge of therapeutic usage of these herbal medicinal products has become a valuable "heritage of local wisdom" which has been transferred from generation to generation within the family, village, society or even throughout the whole country. A lot of Thai people still believe in the efficacy of herbal remedies as well as traditional medicine practices. Usage of herbal medicinal products has remarkably been increased in accordance with the global trend of people returning to believe in the superb of natural therapy. As being a large natural resource of medicinal plants, Thailand is also alert to this global trend. Many research institutes are now turning back to the studies of herbal medicinal products or traditional medicine development. Local knowledge and recognized as a valuable inheritance. Study and research on the potential medicinal plants including extracting and purifying the active or principle components from plants to be used as medicinal products are conducted in many academic and governmental research institutions. New technology of manufacturing has been applied to produce the herbal medicinal products of higher efficacy and in more appropriate dosage forms.

The government has emphasized the promotion of traditional and herbal medicine by integrating it into primary health care activities. Formally, all herbal traditional recipes were regulated as herbal or traditional medicines. Then, there have been research and development utilizing modern technology to innovate pattern of consumption. These herbal prod-

ucts are now classified as modern herbal medicinal products.

The period of 1994 to 2000 was designated as the "Decade of Thai Traditional Medicine Development" focusing on the promotion of studies, research and development of health related products and health technologies, and increased capacity in producing traditional medicines and training in Thai traditional massage.

It could be said that, for almost a century, Thai traditional medicine had been a non-formal medicine system without substantial support and development from government. Only in the last decade did the Ministry of Public Health show endeavors to develop the whole system of the indigenous medicine. In 1993, the National Institute of Thai Traditional Medicine was established and in 2002 reformed to be under the Department of the Thai Traditional Medicine and Alternative Medicine.

Supporting the Increase of Country's Capability and Production of Health Related Products for Income Generation and Exports

At present, "One Tambon One Product" is an effective project thatencourages people at the village level to produce competitive local products or to improve their local products into an export graded products. The Ministry of Public Health and the private health sector also participate in this process by encouraging the village people to produce health related products such as preserved foods, herbal products, Thai traditional medicine and massage. These also include many health resorts and spas providing traditional medical care.

Hospitals at all levels nationwide are now in the process of developing service quality to international standards for general and special health services such as dental care, elective surgery (hip or knee replacement), and plastic surgery. In 2002, Phuket was designated as a hub for tourism and also health tourism hub of Asia.

TECHNICAL COOPERATION IN INTERNATIONAL HEALTH

During the past 50 years, international health cooperation has been in the form of foreign aid including expert consultations, fellowships for advanced degree study as well as study tours abroad. There are many international organizations such as WHO, UNICEF, UNFPA, UNDP, USAID that have played a significant role in health development in Thailand. It could be said that WHO is the most influential organization on the Thai health development programs. During the first few decades of cooperation, the support was focused mainly on the control of communicable diseases and the development of maternal and child health.

Later on, WHO supported the development of Thai health planning capability by providing technical support in planning expertise and also suggesting important health policy issues. The health policy transition toward WHO "Primary Health Care" in 1978 had led Thailand to a more comprehensive health project approach which has had an impact on health policy and plan development. Thailand is fully committed to achieving WHO's global goal of "Health for All by the Year 2000."

At present, the Thai medical and health services system has been recognized by other countries with regard to efficiency and quality of medical personnel and technology, as well as coverage and distribution, according to the international standards. Several medical and health institutes in Thailand have been internationally recognized and have been designated as WHO-Collaborating Centers in their respective fields such as human reproduction, radiological technology, immunology, worker's health, drug abuse, malaria, essential drugs and vaccine, primary health care, and environmental health.

During the present 9th National and Economic and Social Development Plan (2001-2006), international health cooperation has been expanded to various countries and international associations or groups as follows:

Countries - ASEAN countries, Japan, China, Malaysia, Australia, the United States, Sweden, the United Kingdom, and Germany.

International - ASEAN, ESCAP, and BIMST-EC.

MINISTRY OF PUBLIC HEALTH ORGANIZATION AND ADMINISTRATION

MOPH Organization Reform

In October 2002, the MOPH was reorganized which covers the roles, functions and structures of the ministry. The Ministry of Public Health (MOPH) is the principal agency responsible for promoting, supporting, controlling and coordinating all health services activities for the well-being of the Thai people. There are three clusters and the Office of Permanent Secretary as shown in the attachment.

1. The Office of Permanent Secretary performs functions related to the formulation of health policies and strategies, monitoring and evaluation, production and development of health personnel, and management of information system. Provincial administration is also under this office.

2. Medical Service Development Cluster is composed of three departments: Medical Services, Thai Traditional Medicine and Alternative Medicines, and Mental Health. These three departments are technical departments and perform functions related to development of technical aspects and systems of services for physical medical services, Thai traditional medicine and alternative medicines, and mental health services.

3. Public Health Development Cluster is composed of two departments: Department of Disease Control and Department of Health. These two departments perform the functions related to health promotion, prevention and disease control.

4. Health Service Support Cluster is composed of Department of Health Service Support, Department of Medical Science and Office Food and Drug Administration. This cluster performs supportive functions to the implementing agencies especially in health services, medical services, and consumer's protection. The organization structure is as in ANNEX II.

BUREAU OF POLICY AND STRATEGY

From Health Planning Division to Bureau of Policy and Strategy

The health policy in Thailand has evolved from the First National health Development Plan (1961-19660 to the present Ninth National health Development Plan (2002-2006). During the First to the Third Plan (1961-1976, health policies were focused on expansion of health facilities, health promotion, disease prevention and control. The priorities of health problems were tackled by vertical project approach. There was no systematic approach in the planning process and the Ministry of Public Health had no official role and function to monitor the national health policy.

Toward the end of the Third Plan in 1972, the Ministry of Public Health had realized the importance of health policy and planning and established the Health Planning Division under the Office of the Permanent Secretary. The Health Planning Division had been assigned to formulate plan and coordinate health plans of all departments and provincial offices under the Ministry of Public Health. During this period, "Project Systems Analysis" was undertaken with WHO funded in training health planners in systematic health planning. After that in 1974, "Country Health Programming" was accepted as a method in the preparation of the Fourth Plan which could represent the first systematic planning in Thailand. This method was used in the Fifth Plan which focused on the primary health care approach.

In 1993, the Health Planning Division has been restructured by combining with Health Statistics Division and named "Bureau of Health Policy and Planning" however. the restructuring process was not completed until the Ministry has been moved to the new site in Nonthaburi 1995.

After the economic crisis in 1997, the government has started public sector reform which has fully implemented in October 2002, this public sector reform has an impact on the role and structure of the Ministry of Public Health and Bureau of Health Policy and Planning. There are three divisions merging with the Bureau of Health Policy and Planning to become the present "Bureau of Policy and Strategy" (International Health Division, Office of Information and Public Relations, and Office of Decentralization Support).

Roles and Responsibilities

Bureau of Policy and Strategy is under the office of Permanent Secretary and the main roles and responsibilities are as follows:

1. Formulation of Health Policy and Plan

The Bureau of Policy and Strategy is the core agency in formulating Five-year National Health Development Plan, Ministry of Public Health Plan.

2. Coordination of Result-based Budgeting System

The Bureau of Policy and Strategy is responsible for the annual preparation of health budget proposal of the Ministry of Public Health and also follow-up and report the utilization of budget based on result-based budgeting system.

3. Analysis of Health Situation and Trends

The Bureau of Policy and Strategy is responsible for the analysis of health situation and trends.

4. Development of Health Information System

The Bureau of Policy and Strategy is responsible for analyzing vital statistics, key performance indicator measurement, burden of disease and health risk measurements.

5. Inter-sectoral and Intra-sectoral Coordination

The Bureau of Policy and Strategy is responsible in coordination within health and other sectors and non-governmental organizations.

6. International Health Coordination

The Bureau of Policy and Strategy is responsible in coordination with international health organizations.

7. Health Policy Research

The Bureau of Policy and Strategy is responsible in coordination of health policy research institutes that are necessary to health policy formulation.

8. Support of Decentralization

The Bureau of Policy and Strategy is responsible in coordination of the decentralization process of provincial health sector.

9. Public Relations

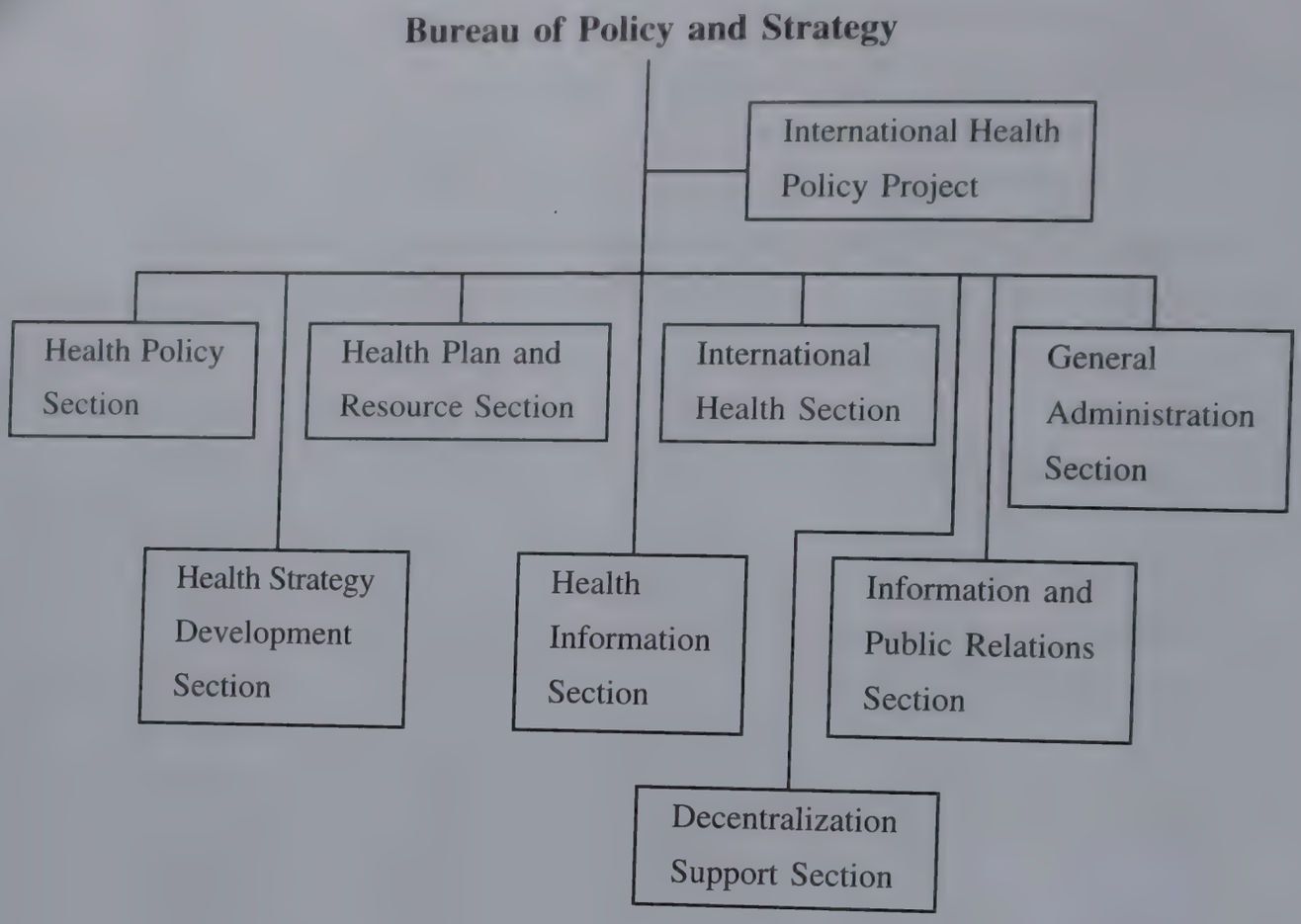
The Bureau of Policy and Strategy is responsible in providing health information to public for the Ministry of Public Health.

Organization Structure

The Bureau of Policy and Strategy consists of 8 sections and 1 project as follows:

1. Health Policy Section
2. Health Strategy Development Section
3. Health Plan and Resource Section
4. Health Information Section

5. International Health Section
6. Information and Public Relations Section
7. Decentralization Support Section
8. General Administration Section
9. International Health Policy Project


Bureau of Policy and Strategy
International Health Policy Project
Health Policy Section
Health Plan and Resource Section
International Health Section
General Administration Section
Health Strategy Development Section
Health Information Section
Information and Public Relations Section
Decentralization Support Section

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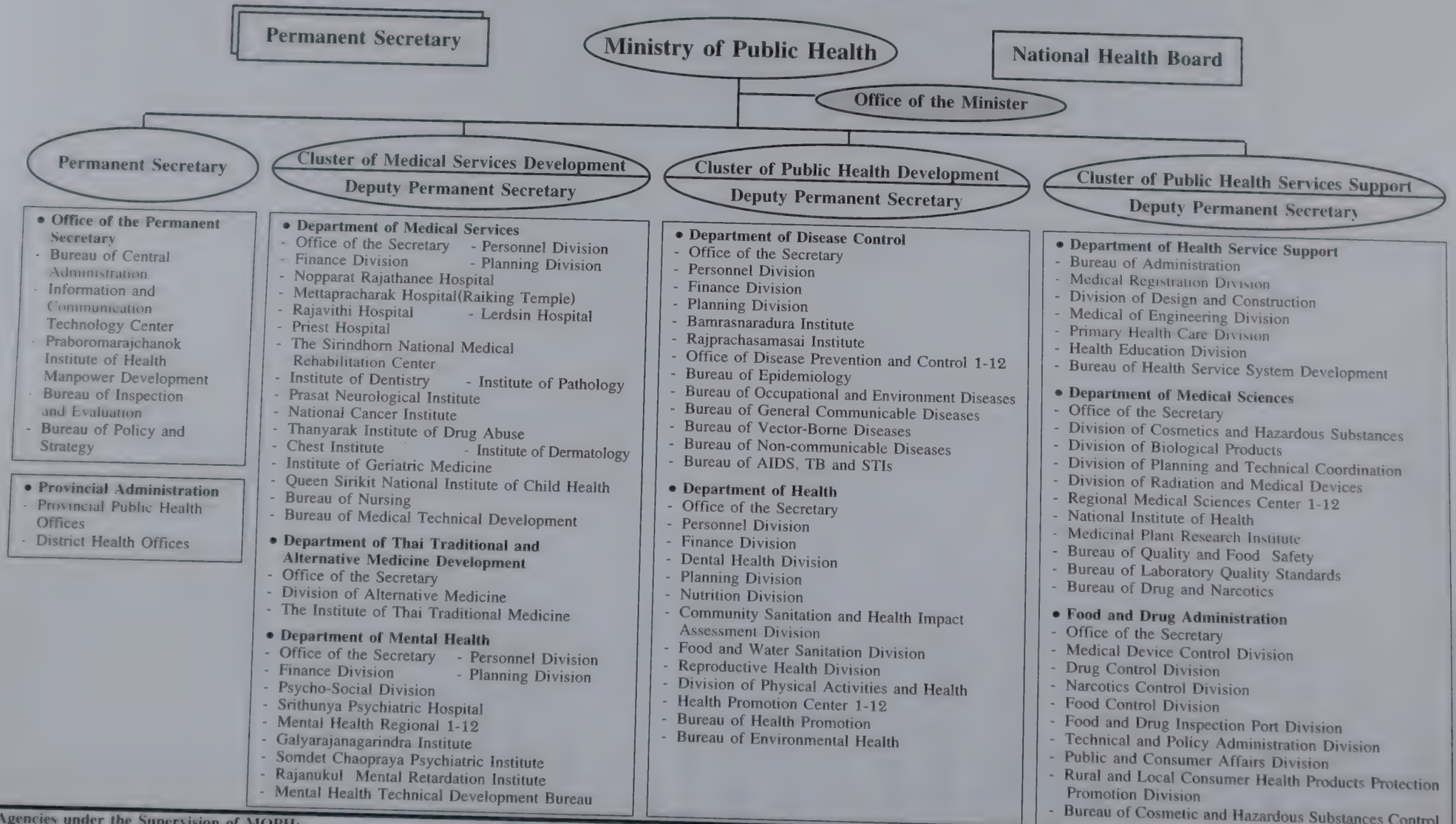
ANNEX I

Table 1 Population and its characteristics, Thailand 1947-2000

Characteristics	1947	1960	1970	1980	1990	2000
Total population (1,000)	17,433	26,260	34,397	44,825	54,548	62,056
- male	8,722	13,154	17,124	22,329	27,062	30,885
- female	8,721	13,104	17,274	22,496	27,487	31,171
Dependency ratio	Na	92	85	75	57.7	53.3
Percentage of under 5	Na	10.2	16.4	12.1	8.2	8.3
Percentage of 60 +	na	4.5	5.1	5.3	7.4	9.2
Percentage of 15-60	Na	52.2	49.8	56.4	63.4	60.0
Percentage urban population	Na	12.5	13.2	17.0	18.7	35
Population per squared km	34	51	70	87	106	121
Life expectancy at birth (years)						
Male	48.5	53.64	57.73	60.25	63.50	70
Female	51.38	58.74	61.57	66.25	68.75	75
Infant mortality rate (per 1,000 live births)		84.3	56.3	48.0	35	22

ANNEX II MOPH STRUCTURE

Structure of Ministry of Public Health



Agencies under the Supervision of MOPH:
- Health Systems Research Institute
- National Health Insurance Office(Act being exacted.)
- Praboromarajchanok Institute of Health Manpower Development(Act being drafted)
- National Institute of Health(Act being exacted.)
- Thai Health Promotion Foundation (Act exacted.)

State Enterprise:
- The Government Pharmaceutical Organization

Public Organizations:
- Health facilities
- Institute of Specialty Medicine(Royal decree being exacted)
- Bureau of Emergency Medical Services(Royal decree being exacted)
- The Institute of Hospital Quality Improvement & Accreditation (IHA - Thailand)(Royal decree being exacted)

Source: Ministerial regulations of the Ministry of Public Health.
Note: Public organizations and Agencies under the supervision of the MOPH are not under any of the cluster.

ANNEX III
MAJOR POLICY CHANGES

Table 2 Landmarks in the Thai health policy and plan development:

Year	Health Policy and Plan Development
Before 1828	There was only traditional herbal medicine. There was no formal health care system. People relied on **self care and home remedies.**
1828-89	**Western medicine** had been introduced to Thailand by the American Presbyterian Mission Board. The first incentive to public health work was to combat epidemic diseases such as cholera, smallpox, yaw and malaria. The smallpox vaccine was introduced into Thailand since 1841. The first western medical school was established at Siriraj Hospital in 1889.
1936-60	**Other lower levels of health personnel** were produced in 1936. By 1950, a provincial hospital was established in each province.
1946	Thailand was one of fifty-one members of the United Nation and attended the International Conference in New York in 1946 for the establishment of WHO in 1948 and the First World Health Assembly was held in 1948.
1949	In 1949, there was a health survey of Bangkok children 10-14 years, the most common conditions were trachoma, skin diseases, lice, bow-legs and goiter. The death rate from pulmonary tuberculosis was 250.5 per 100,000 population in 1948. Yaws and leprosy were present. The infant mortality rate was 68.1 per 1,000 live births in 1949. The health of the population had deteriorated by the end of the war. However, Thailand was affected in a lesser extent compared to Burma, Indonesia, and India.

Year	Health Policy and Plan Development
1973-77	WHO introduced a **planning process** in the field of health during the late 1950s, based on the modern science and technology. During 1973-77, the strengthening of health services, the development of health manpower, disease prevention and control, and health promotion have been emphasized through many programs such as **family planning**, EPI , drug abuse and environment health.
1975	Although the constitution has stated that government should provide health services to the **low-income group** since 1975, the policy has been fully implemented just before the 5th plan in 1981.
1976-86	The alarming worldwide trends in **smoking-related mortality and morbidity** was started. Activities on smoking and health had developed and after an inter-country seminar on smoking held in Kathmandu in 1884 had made strong recommendations for controlling the smoking epidemic in the South-east Asia Region which Thailand as a member country support by WHO/ SIDA to hold national meetings and formulated plans of action. Since then Thailand has been actively participated in controlling smoking.
1977	The first WHO Model **List of Essential Drugs** was published which contained 208 pharmaceutical products; "essential drugs for basic needs, drugs which satisfy the health care needs of the majority of the population and should be available at all times in adequate amounts and in the appropriate dosage forms. Its effectiveness as a tool for drug supplies, for education and for highlighting lacunae in therapeutic needs...". Thailand has started developing the National List of Essential Drugs since 1981 and the last revision is in 1999.
1978	A landmark in the development of health policy was the health policy transition toward WHO Health For All goal in 1978. Thailand has experienced health development through practicing WHO initiative Country Health Programming which has had an impact on health policy and plan development. This lead to a more comprehensive health project approach such as Primary Health Care Program. After that Thailand has developed the Basic Minimum Needs Approach and Health Card Project during the 1980's.

Year	Health Policy and Plan Development
1985	Since the first cases of AIDS were recognized in the United States, Thailand has responded to the emergence of HIV and AIDS as early as 1985 and was the first country in the SEARO region to put **AID Prevention and Control Program** in the National Health Development Plan (1992-1996).
1986	Promotion of healthy lifestyles such as Healthy Cities Project and a new concept of **"Health Promotion"** under the Ottawa Charter in 1986 convinced country members to set up strategies and program in health promotion. Since then Thailand has also advocated to health promotion for the year beyond 2000.
1990	Thailand enacted the **Social Security Law** in 1990 which increases the coverage of health insurance to workers in the formal sector. This marks a progress on compulsory health insurance after an initiative voluntary health card insurance project.
1992	**Health Systems Research Institute** has been established.
1994	Experimental development models have been implemented in many provinces funded by many organizations. The **Office of Health Care Reform Project** has been established in 1996.
1997	The 8th Plan is the first plan to focus on human-centered development which is in line with the **new people constitution**. **Economic crisis in Asia and in Thailand** has affected the health sector as a whole. Health budgets have been cut. Many reforms have been called for such as Civil Servant Medical Benefit Scheme Reform, Drug Management Reform, and Good Health at Low Cost Policy.
1998-2000	International organizations have come in to assist in health care reform in order to address to allocative and technical efficiency issues and other support for important health programs. Seven hospitals have been selected as pilots for implementation of autonomy.

Year	Health Policy and Plan Development
2001-2003	Thailand has got a new government in early 2001. Public sector reform and health care reform together with the implementation of the new government health policy of "30 baht universal health care policy" in 2001 have an impact on health care system of Thailand. By April 2002, Thailand claimed for "Universal Coverage".

Sources : Regional Office for South-East Asia, World Health Organization, Ministry of Public Health